09D0002-126

May 22, 2009

John Pavitt Alaska Operations Office 222 West 7th Avenue, No. 19 Anchorage, AK 99513

Re:

Asbestos and Lead Abatement of Facilities, Fort Richardson, AK

Building 602

Fort Richardson, Alaska

INITIAL: Notification of Demolition & Renovation

Dear Mr. Pavitt,

The attached Notification of Demolition & Renovation Forms has been completed for your review and approval for the above-referenced project. A signed original will be delivered to your office.

If you have any additional questions or concerns, please contact me at your earliest convenience.

Respectfully yours,

Coldfoot Environmental Services, Inc.

Claudia Rodríguez-Zing Project Manager

Attachment:

1. Building 602: Notification of Demolition & Renovation Form, dated 5/22/09.



Certified 8(a) Small Disadvantaged Business

Disabled Veteran Owned

6670 Wes Way Anchorage, AK 99518-1575

907-770-9936 Phone

907-770-9937 Fax

www.coldfootenv.com

Enter

Return to: U.S. EPA Region 10 1200 Sixth Avenue (OAQ-107) Seattle, WA 98101

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

	Operator Project #		Pos	Postmark		Date Received		Notification #	
				5/22	5	126			
I.	TYPE OF NOTIFICATION (check one):			✓ Original	Revised	Cancele	ed		
II.	FACILITY DESCRIPTION								
	Building Name:								
	BUILDING 602								
-	Address: 602 B STREET								
-	City:			State:		County:			
	FORT RICHARDSON			AK		ANCHORAGE			
	Site Location:			1		1			
	602 B STREET FORT RICHARDSON AK								
	Building Size (square feet):			# of Floors:		Age in Years:			
	105,410			4		58			
	Present Use:			Prior Use:					
	OFFICE BUILDING			OFFICE BUILD				_	
III.	TYPE OF OPERATION (check one):	L	Demo C	Ordered Demo	✓ Renovation	Emergenc	y Renovation	Fire Training	
IV.	IS ASBESTOS PRESENT? (check one)		· · · · · · · · · · · · · · · · · · ·	✓ Yes	No				
V.	V. FACILITY INFORMATION								
	OWNER NAME:								
	PUBLIC WORKS FORT RICHARDSON, US ARMY ALASKA								
	Address:: 724 POSTAL LOOP DRIVE #6500								
	City:			State:		Zip:			
	FORT RICHARDSON			AK		99505-6500			
	Contact:			1		Tel:			
	STEVE JONES					(907) 384-3055			
	REMOVAL CONTRACTOR:					•			
	COLDFOOT ENVIRONMENTAL SERVICE	ES, INC	D						
	Address:								
	6670 WES WAY City:			State:		Zip:			
	ANCHORAGE			AK		99518-1575			
	Contact:			1		Tel:			
	CUAUHTEMOC RODRIGUEZ-VILLEGAS				(907) 770-9936				
	OTHER OPERATOR (Demolition / General):								
	NONE.								
	Address:								
	City:			State:		Zip:			
				AK					
	Contact:					Tel:			
\"	PROCEDURE, INCLUDING ANALYTICAL	_ METH	OD, EMPLOYE	D TO DETECT T	HE PRESENCE (OF AND TO ESTI	MATE THE QUA	NTITY OF RACM	
VI.	AND CATEGORY I AND CATEGORY II N					our manage and 50 The 1.5			
	PLM								
	APPROXIMATE AMOUNT OF ASBESTO	C MAT	EDIAL .						
VII.	AFFROMINATE AMOUNT OF ASBESTO	JIVIAI	ENIAL:	1	Nonfriable As	bestos Material	Nonfrighte A	sbestos Material	
				RACM to be		Removed	2000-0000000000000000000000000000000000	ne Removed	
				Removed	Category I	Category II	Category I	Category II	
	Pipes (linear feet)			380			UNKNOWN	UNKNOWN	
	Surface Area (square feet)					3,448	UNKNOWN	UNKNOWN	
	Facility Component (cubic feet)						UNKNOWN	UNKNOWN	
	III. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/5/2009 Complete: 6/19/2009								
IX.	SCHEDULED DATES DEMO/RENOVATION			I		NA .	Complete:	NA	
	DAYS OF THE WEEK: MON		TUESDAY	WEDNESDAY		FRIDAY	SATURDAY	SUNDAY	
	HOURS OF OPERATION: 8am-	5pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm	



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X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE EMPLOYED, INCLUDING DEMOLITION OR RENOVATION TECHNIQUES TO BE USED AND DESCRIPTION OF AFFECTED FACILITY COMPONENTS:							
	All work will be done under full containment negative	e pressure.						
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO COMPLY WITH THE REQUIREMENTS, INCLUDING ASBESTOS REMOVAL AND WASTE HANDLING EMISSION CONTROL PROCEDURES:							
	All work will be done under full containment negative pressure. Amended water will be used to prevent emissions. All required Personnel Protection Equipment (PPE) will be used at all times.							
XII.	WASTE TRANSPORTER #1:							
	Name: COLDFOOT ENVIRONMENTAL SERVICES, INC							
	Address:							
	6670 Wes Way							
	City:	State:	Zip:					
	ANCHORAGE	AK	99518-1575					
	Contact Person:		Tel:					
	CUAUHTEMOC RODRIGUEZ		(907) 770-9936					
	WASTE TRANSPORTER #2: Name:							
	Address:							
	City:	State:	Zip:					
	Contact Person:		Tel:					
XIII.	WASTE DISPOSAL SITE: Name:							
	MUNICIPALITY OF ANCHORAGE - SOLID WASTE	E SERVICES						
	Location: HILAND LANDFILL							
	City:	State:	Zip:					
	ANCHORAGE	AK	99519-6650					
	Tel:	,L						
	(907) 343-6262							
XIV.	EMERGENCY DEMOLITION (Complete item XIV only if this project is an Emergency Demolition.) 1. Attach a copy of the Order to this notice.							
	2. Name of Authority Issuing Order:		Title:					
	3. Authority of Order (Citation of Code):							
	4. Date of Order (MM/DD/YY):	Date Order to Begin:						
XV.	· · · · · · · · · · · · · · · · · · ·	MERGENCY RENOVATIONS (Attach separate sheet with the following information if project is Emergency Renovation.)						
	Date and Hour of the Emergency: Description of the Quidant House and Employer							
	2. Description of the Sudden, Unexpected Event:							
	Explanation of how the event caused unsafe con	iditions or equipment damage or an	unreasonable financial burden.					
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY							
•••	NONFRIABLE ASBESTOS MATERIAL BECOMES All work will stop. Area will be fully contained. Cont							
	CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE							
XVII.	DURING THE DEMOLITION OR RENOVATION, A	URING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON IILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.						
		5/22/2009	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER					
	Signature of Owner/Operator	Date	Type or Print Name and Title					
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS C	CORRECT:						
	5/22/2009 CLAUDIA RODRIGUEZ ZINN, PROJECT MANA							
	Signature of Owner/Operator	- Date	Type or Print Name and Title					